



Topic: Health Care Access and Medicaid

The Children's Hospital Association of Texas (CHAT) represents eight free-standing, not-for-profit children's hospitals located throughout the state of Texas. CHAT's mission is to advance children's health and well-being by advocating for policies and funding that promote children's access to high-quality, comprehensive health care. CHAT appreciates the opportunity to provide information to the House Human Services Committee.

The number of children under age 18 living in Texas exceeds the **total population of 38 U.S. states and territories,¹ and one of every 10 children in the country lives in Texas**. Thus, the State has a unique opportunity to nationally lead in ensuring that children receive the best healthcare. Children's hospitals and their affiliated health systems are the natural expert centers to help drive this effort, which will include measurable outcomes that demonstrate children are receiving high-quality healthcare at lower cost.

Texas Pediatric Quality Improvement

Children's hospitals request to continue the healthcare transformation in the Medicaid program that began under the Delivery System Reform Incentive Payment (DSRIP) program in partnership with the Texas Health and Human Services Commission (HHSC), and further evolve the learning, best-practices and improvements through application in targeted pediatric populations.

Rationale: The background and rationale for the development of this approach is well-founded in the literature and current practice.

- Precedence - the Texas Healthy Mothers and Babies Collaborative.
- Consistent with current directed payment programs- such as models for Quality Incentive Payment Program (QIPP) and Network Access Improvement Program (NAIP)
- Assures a more effective transition for pediatric patients from DSRIP to a more sustainable model for the delivery of services and achievement of outcomes and will focus primarily on the Medicaid pediatric population.

The request has three parts:

1. Target Populations

Pediatric Quality Improvement in Texas builds on current DSRIP patient populations and also expands the scope of transformation work to include more comprehensive patient populations. Pediatric Quality Improvement addresses three areas of work:

- child and adolescent behavioral health;
- children with medically complex conditions; and

¹ [World Population Review](#), last accessed on 9/23/20.



- transitions of care from pediatric providers to adult providers or adult models of care.

2. Multidisciplinary Pediatric Expert and Stakeholder Input

Many services and programs overlap both in scope and the patients they treat. As a result, quality improvement will work best synergistically and as a coordinated system of care. In order to effectively oversee pediatric quality improvement, input from a multidisciplinary group, made up of clinical experts, administrative leaders, and other appropriate representatives and stakeholders will be necessary. This group will have the varied stakeholder perspective to ensure the programs stay on track and that there are agreed-upon pediatric outcome measures.

3. Program Components, Metrics, and Data Management

The vision behind the proposal is to approach healthcare transformation from a population health perspective. The foundational premise is to align goals, measures, and incentives across the continuum of care to achieve improved outcomes for a given group of patients. Program components have been developed as part of the CHAT DSRIP Transition Proposal and previously submitted and reviewed with DSRIP team leaders at HHSC.

Progress cannot be measured without data. Pediatric quality improvement will require a data management strategy and infrastructure to effectively and efficiently provide information about the progress of the proposed programs and population health improvement. As data management systems can be costly, it is imperative to look first to what data is already available, including from Medicaid managed care organizations and the Health and Human Services Committee as well as what outcome measures exist. Additional data and measures would supplement where appropriate.

Telehealth and Telemedicine in Children's Hospitals

Children's hospitals were innovating in the area of telemedicine and telehealth before the pandemic and have expanded the use of these technologies in response to the pandemic. These changes have allowed children's hospitals to continue to provide needed care, decrease exposure between patients and hospitals staff, and preserve personal protective equipment (PPE) while it was scarce. Federal and state-level flexibilities in the Medicaid program and private insurance have contributed to the success of telehealth and telemedicine.

On behalf of our members, CHAT requests that the state:

- Make permanent the flexibilities for telehealth and telemedicine granted in response to COVID-19.
- Require reimbursement for telehealth and telemedicine services at the same rate as in-person services.
- Explore solutions for licensure reciprocity issues.